## FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION

## PERSONAL EXEMPTION WORKSHEET

1. If no one else can claim you a	s a dependent, and you wish to claim yo	ourself, write "1"
2. If you are married and your s	pouse is not claimed on his/her own cert	tificate, write "1"
3. Exemptions for age.		
(a) If you will be 65 or older of	on December 31, write "1"	
(b) If you claimed an exempt 65 or older on December	ion on line 2 and your spouse will be 31, write "1"	·····
4. Exemptions for blindness.		
(a) If you are legally blind, w	rite "1"	
(b) If you claimed an exemp	tion on line 2 and your spouse is legally	blind, write "1"
FORM VA-4 EMPLOYEE'S		op portion for your records.
Your social security number	Name	
Street address	L	
City	State	ZIP code
COMPLETE THE APPLICABLE I	INES BELOW	
If subject to withholding, enter line 6 of the Personal Exempt	the number of exemptions claimed on on Worksheet	
2. Enter the amount of addition	al withholding requested (see instructions).	: <del></del>
	o Virginia withholding. I meet the conditions neck here)	
Signature		Date

**EMPLOYER:** Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1880, Richmond, Virginia 23282-1880, telephone (804) 367-8038.